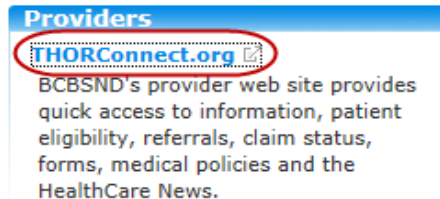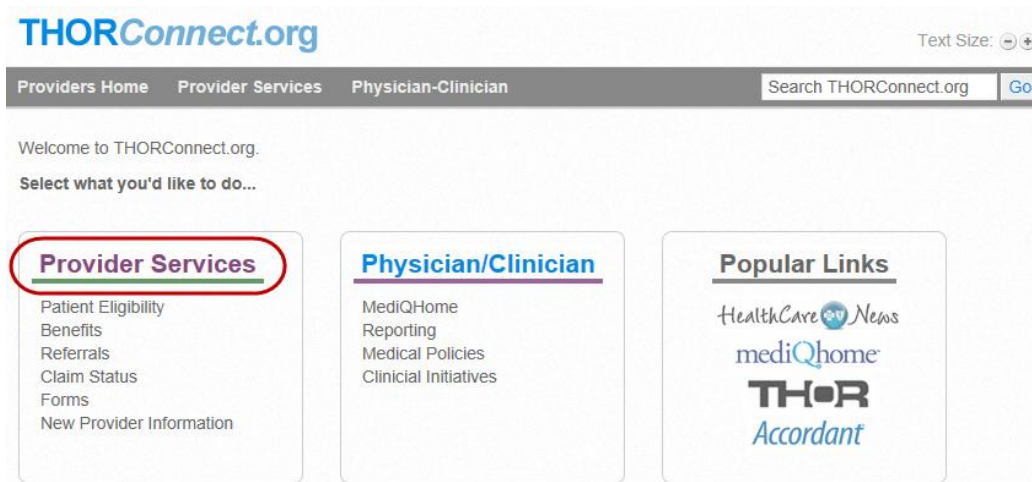# NORTH DAKOTA IMMUNIZATION INFORMATION SYSTEM (NDIIS)

REQUESTING REGISTRY LOGIN

1. Go to the Blue Cross/Blue Shield of North Dakota web site (www.bcbsnd.com) and click on the Thorconnect.org link on the left side of the screen
   a. You can also go directly to www.thorconnect.org

2. Click on the **Provider Services** link on the right

3. On the left side of the screen, click on **Register for THOR** from the table of contents on the right side of the screen.

4. Fill out the registry information, including your provider number assigned by a member of the Immunization Program at the North Dakota Department of Health Division of Disease Control.

BlueCross BlueShield of North Dakota

Welcome to The Healthcare Online Resource Registration.

The Healthcare Online Resource is an e-service offered to you by Blue Cross Blue Shield of North Dakota.

Please fill out as much information as you can. * indicates required fields. Once you have submitted your registration, THOR Support Services will set up your access and contact you with your THOR login information. If you are experiencing problems contact THOR Support Services: 1-800-544-THOR (8467) THOR Support EMail: thor.support@thor.org

Site Demographics

Are you a Billing Agency? *

☐ Yes, provide billing services for a provider
☐ No, employed by the provider

(If yes is checked, complete the site information below using **your** exact legal name and physical address)

Site Name * [   ]

Address 1 * [   ]

Address 2 [   ]

City * [   ]   State * [ND ▾]Zip Code * [   ] - [   ]

Primary Contact

The Primary Contact is the person authorizing user(s) access to THOR.

Name * [   ]

Phone * ([   ]) [   ] - [   ] ext. [   ]

EMail Address [   ]

Other Contact

Name [   ]

Phone ([   ]) [   ] - [   ] ext. [   ]

EMail Address [   ]

| Continue | Clear Form |

User Information:

First Name * [   ]   Last Name * [   ]

Department [   ]

Phone *   ([   ]) [   ] - [   ]   ext. [   ]

EMail Address [   ]

Electronic Services This User Will Access: *
Authorized users may customize their THOR access according to their business needs.
Place your cursor over the application names for a description.

☐ Bulletin Board   ☐ Membership   ☐ Provider Directory

☐ Claim Inquiry   ☐ ND Immunization   ☐ Preauthorization
                            Information System

☐ Claim Correction   ☐ Referral   ☐ Physician Payment
                                                   Schedule

☐ Injectables/Other   ☐ Level of Care   ☐ Provider Data
  Pharmacy Fee   Utilization   Exchange
  Schedule   System(LOCUS)

☐ Reference Lab List   ☐ Physician Request for
                            a Contraceptive
                            Medication

☐ Electronic Payment   ☐ Real Time Claims   ☐ Chiropractic Fee
  Listings   Schedule

Comments:

[   ]

[Add Another User]   [Clear Form]   [Submit]

5. When your registration form has been completed and submitted, BCBS will send your personal login and password information by mail to the address you provided during registration. You will use this information to access the registry.